

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A1081 Type of Application: Agent Permit
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Agent Permit

Agency Address Set Contributing Agency:

Bureau for Private Postsecondary & Vocational Ed.

00615

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

P.O. BOX 980818

Valerie McZeek

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

West Sacramento CA 95798-0818

(916) 445-3427 ext. 3049

City State Zip Code

Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ Sex: ☐ Male ☐ Female Misc. No. **BIL-** N/A
Agency Billing Number (if applicable)

Height: _____ Weight: _____ Misc. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: _____ Level of Service ☒ DOJ ☐ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

()
Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A1081 Type of Application: Agent Permit
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Agent Permit

Agency Address Set Contributing Agency:

Bureau for Private Postsecondary & Vocational Ed.

00615

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

P.O. BOX 980818

Valerie McZeek

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

West Sacramento CA 95798-0818

(916) 445-3427 ext. 3049

City State Zip Code

Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ Sex: ☐ Male ☐ Female Misc. No. **BIL-** N/A
Agency Billing Number (if applicable)

Height: _____ Weight: _____ Misc. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: _____ Level of Service ☒ DOJ ☐ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

()

Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A1081 Type of Application: Agent Permit
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Agent Permit

Agency Address Set Contributing Agency:

Bureau for Private Postsecondary & Vocational Ed.

00615

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

P.O. BOX 980818

Valerie McZeek

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

West Sacramento CA 95798-0818

(916) 445-3427 ext. 3049

City State Zip Code

Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ Sex: ☐ Male ☐ Female Misc. No. **BIL-** N/A
Agency Billing Number (if applicable)

Height: _____ Weight: _____ Misc. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: _____ Level of Service ☒ DOJ ☐ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

()

Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____



Bureau for Private Postsecondary and Vocational Education

P.O. Box 980818, West Sacramento, CA 95798-0818

(916) 445-3427

www.bppve.ca.gov



AGENT PERMIT **LIVE SCAN PROCESS INSTRUCTION FORM**

Live Scan is a system for electronically submitting fingerprints used in background checks to the California Department of Justice. The Bureau for Private Postsecondary and Vocational Education (BPPVE) now requires California residents applying for agent permits to use the Live Scan system for electronic submission of fingerprints and subsequent automated background checks. Hard-copy fingerprints are no longer accepted. If you are a resident of a state other than California, please contact BPPVE for instructions.

STEP 1

Simply follow these steps:

Fill out the following information on the pre-printed Live Scan form (BCII 8016), which can be obtained either from the Bureau or downloaded from Bureau Web site at http://www.dca.ca.gov/bppve/live_scan_fingerp.htm:

- | | |
|--------------------------|---------------------------------------------------------------------|
| 1. Name of Applicant: | Enter the Last Name, First Name and Middle Name. |
| 2. Alias: | Enter any aliases (including any maiden name) of the applicant. |
| 3. Date of Birth: | Enter the date of birth of the applicant. |
| 4. Sex: | Enter the sex of the applicant. |
| 5. Height: | Enter the height of the applicant. |
| 6. Weight: | Enter the weight of the applicant. |
| 7. Eye Color: | Enter the eye color of the applicant. |
| 8. Hair Color: | Enter the hair color of the applicant. |
| 9. Place of Birth: | Enter the place of birth of the applicant. |
| 10. SOC: | Enter the applicant's Social Security number. |
| 11. Driver's License No: | Enter the applicant's Driver's License number, including the state. |
| 12. Home Address: | Enter the applicant's home address. |

STEP 2

With three copies of the completed Live Scan Form, go to the nearest Live Scan site to have your fingerprints electronically submitted to the Department of Justice (DOJ).

NOTE: A listing of available DOJ Live Scan sites is available by contacting the Bureau at (916) 445-3427 or online at <http://caag.state.ca.us/fingerprints/publications/contact.htm>.

STEP 3: PAY THE LIVE SCAN OPERATOR

AGENT PERMIT
\$32.00 DOJ Fingerprint Processing Fee
TOTAL: \$32.00

STEP 4: SUBMIT THE FOLLOWING TO THE BUREAU

AGENT PERMIT
1. The completed Agent Permit Application
2. The second copy of the Live Scan form (BCII 8016) received from the Live Scan Site, signed by the Live Scan operator including the ATI number.
3. A check/money order totaling the amount of \$100.00 Initial Agent Permit Application Processing Fee.